

FILE ONLY
67
TRIC

PIES

SPITAL

CUPANCE

NDENCE

CT

CUPATION

08

140

C LOC

ERIES

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

MAR 17 1981

CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST.

DECEASED

PARENTS

DOCTOR

CERTIFIER

CAUSE OF DEATH

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST

HATTIE L. PARK

2. SEX

FM

3. DEATH DATE (MO DAY YR)

FEB 1, 1981

146-81

2022

STATE FILE NUMBER

4. RACE (WHITE, BLACK, AM. IND. 5. AGE - LAST BIRTH- 6. UNDER 1 YEAR 7. UNDER 1 DAY 8. BIRTHDATE (MO DAY YR) 9. COUNTY OF DEATH

White

97

Nov 14, 1883 Island

10. CITY, TOWN OR LOCATION OF DEATH

Camano Island

11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME

1 AT SCENE 2 IN TRANSPORT 3 EMERG ROOM 4 HOSPITAL 5 NURSING HOME
1045 South - 170 West

12. RECEIVED EMERGENCY CARE

AMBULANCE, FIREFTR, PARAMED?

NO YES/NO

13. BIRTH STATE (IF NOT IN

Oregon

14. CITIZEN OF WHAT COUNTRY

U.S.A.

15. MARRIED, NEVER MARRIED,

WIDOWED, DIVORCED

16. SPOUSE (IF WIFE GIVE MAIDEN NAME)

Roland Park

17. WAS DECEDENT EVER IN

U.S. ARMED FORCES? (YES/NO)

No

18. SOCIAL SECURITY NO.

537-20-2722

19. USUAL OCCUPATION (GIVE KIND OF WORK DONE

DURING MOST OF WORKING LIFE EVEN IF RETIRED.)

Housewife

20. KIND OF BUSINESS OR INDUSTRY

Home

21. RESIDENCE - NUMBER AND STREET

1045 S - 170 W

22. CITY/TOWN, OR LOCATION

Camano Island

23. INSIDE CITY LIMITS? (YES/NO)

NO

24. COUNTY

Island

25. STATE

Wash.

26. FATHER - NAME FIRST, MIDDLE, LAST

Walter F. Dunbar

27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

Ellen

U

28. INFORMANT - NAME

Dorothy Morgan

29. MAILING ADDRESS

1045 South - 170 West Camano Island, Wash. 98292

STREET OR RFD NO.

CITY OR TOWN

STATE

ZIP

30. BURIAL, CREMATION,

Burial

31. DATE (MO DAY YR)

Feb. 5, 1981

32. CEMETERY/CREMATORY - NAME

Mt. Pleasant

33. LOCATION - CITY/TOWN, STATE

Seattle, Washington

34. FUNERAL DIRECTOR

SIGNATURE

[Signature]

35. NAME OF FACILITY

Wiggins & Sons Mortuary

36. ADDRESS OF FACILITY

Seattle, Washington

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE

X

TITLE

38. DATE SIGNED (MO DAY YR)

February 2, 1981

39. HOUR OF DEATH (24 HRS)

11:35

SIGNATURE

X

40. DATE SIGNED (MO DAY YR)

February 2, 1981

TITLE

I.C.D.C.

43. HOUR OF DEATH (24 HRS)

11:35

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44. PRONOUNCED DEAD (MO DAY YR)

February 1, 1981

45. HOUR PRONOUNCED DEAD

12:30

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

John R. Sewell Sr. / Post Office Box 395 / Stanwood, Wash. 98292 /

I.C.D.C.

47. IMMEDIATE CAUSE

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)

(A) CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC HEART DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C) DIED OF APPARENT NATURAL CAUSES WITHOUT MEDICAL ATTENDANCE

INTERVAL BETWEEN ONSET

AND DEATH

HRS

INTERVAL BETWEEN ONSET

AND DEATH

YRS

INTERVAL BETWEEN ONSET

AND DEATH

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49. AUTOPSY? (YES NO)

NO

50. WAS CASE REFERRED TO MEDICAL

EXAMINER OR CORONER? (YES/NO)

YES

51. ACC., SUICIDE, HOM., UNDET., OR

PENDING INVEST. (SPECIFY)

52. INJURY DATE (MO DAY YR)

53. HOUR OF INJURY (24 HRS.)

54. DESCRIBE HOW INJURY OCCURRED

55. INJURY AT WORK? (YES/NO)

56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY,

OFFICE BLDG. ETC. (SPECIFY)

57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR

SIGNATURE

X

59. DATE RECEIVED (MO DAY YR)

2-3-81

FOR STATE
REGISTRAR
USE ONLY

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE: